

Credit Hours

Full-time or part-time Major field of study Degrees conferred

## ENADLOVALENT ADDITOATION

		FFLICA							
	Date of application  For what position are you applying?  When can you begin work?								
	Wage Requireme	nts							
PERSONAL INFORMATION									
Name	me Social Security Number								
	ddressApt. No								
City State	Zip	Telephone	No						
Are you 18 or older? YES NO									
Have you ever worked for Simple Simon's Piz	za before? YES	NO							
If so, what dates? From	to	Position	Location						
Are you currently employed? YES	NO Can your	present employer be co	ntacted? YES	NO					
Have you been laid off and are subject to reca	all? YES N	O Explain							
Do you have reliable transportation? YES	NO NO								
Were you referred by a Simple Simon's Pizza	employee? If so, wh	nom?							
If hired, can you provide proof of citizenship?	YES NO								
If you are not a citizen, have you the legal righ	it to remain permane	ntly and work in the Unit	ed States?	ES NO					
Have you ever been convicted or pled guilty o	r no contest to a crin	ne other than a minor tra	ffic offense? TYE	ES NO					
If yes please explain									
Have you ever served in the U.S. Armed Force	es? YES N	0							
Describe any special military training	· · · · · · · · · · · · · · · · · · ·								
REFERENCES									
List two references who are not relatives or er	nployers								
Name	Phone	How Long?	How acc	quainted?					
Name	Phone	How Long?	How acc	quainted?					
EDUCATION									
Are you presently in school?	S NO Highes	t elementary or high sch	ool grade completed	dt					
Did you graduate from high school? YES	NO G.E.	D.							
Name and location of college writersity business	noon or								
Name and location of college, university, busing trade school	1.		2.						
Full-time or part-time	Full-time	Part-time	Full-time I	Part-time					
Major field of study									

Title

Title

**WORK EXPERIENCE** 

1						
Name of Present or Last Employer		Type of Business		Address	City	State
Starting Date (Mo.Yr.)	Leaving Date (Mo./Yr.)	Starting Wage	Final Wage	Position	Name of Supervisor	
Type of Job Full-ti	•	I and Responsibilities	I S	L	<u>l</u>	
Were you fired?	S NO Explain re	asons/ circumstanc	es for changing	or wanting to change j	obs	
If we contact this emplo	yer, would you expect the	m to say they would	d rehire you?	YES NO	Employer's Phone N	umber
Explain						
2						
Name of Present or Las	t Employer	Type of Busines	s	Address	City	State
Starting Date (Mo.Yr.)	Leaving Date (Mo./Yr.)	Starting Wage	Final Wage	Position	Name of Superviso	or
Type of Job Full-ti	·	I and Responsibilities	<u>I</u> S	L	<u>l</u>	
Were you fired?	S NO Explain re	asons/ circumstanc	es for changing	or wanting to change j	obs	
If we contact this emplo	 yer, would you expect the	m to say they would	d rehire you?	YES NO	Employer's Phone N	umber
Explain						
3						
Name of Present or Las	t Employer	Type of Busines	s	Address	City	State
Starting Date (Mo.Yr.)	Leaving Date (Mo./Yr.)	Starting Wage	Final Wage	Position	Name of Superviso	or
Type of Job Full-ti		and Responsibilities	S			
Were you fired?	ES NO Explain re	asons/ circumstanc	es for changing	or wanting to change j	obs	
If we contact this emplo	yer, would you expect the	m to say they would	d rehire you?	YES NO	Employer's Phone N	umber
Explain						
falsification, or omission organizations identification there information to such information to previous employers will, and may be terrifications of the coand with or without results.	e information provided sion of information is gied in this application to might have. I release you. I authorize you to and schools. I further minated with or without mpany, and my employed to the company has any author or compensation.	grounds for refuse on give you all informed all such parties of verify all informed acknowledge that cause at any time option of either	sal to hire, or ormation cond s from liability nation given cat if I am emp me by me or bensation can er the compan	if hired, termination cerning my previous from any damage von this application a loyed by the employer. I be modified or termy or myself. I under	I authorize the passemployment, edually thick may result from the contact all rayer, my employme agree to follow the ininated with or with stand that no man	person and procession and procession, or any community functions of the community functions and processions of the community functions are community functions.